

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000114048

Entity Name: RYF & CIA LLC**Current Principal Place of Business:**19201 COLLINS AVE.
819
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**5220 S UNIVERSITY DRIVE STE C-102
DAVIE, FL 33328 US**FEI Number:** 61-1852623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALOMEQUE , ARIEL DARIO
19201 COLLINS AVE
819
SUNNY ISLES BEACH, FL 33160 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** PALOMEQUE ARIEL DARI

03/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR, PRESIDENT, MANAGER
Name PALOMEQUE , ARIEL DARIO
Address 19201 COLLINS AVE.
819
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name PALOMEQUE, CESAR GUSTAVO
Address 19201 COLLINS AVE.
819
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name PALOMEQUE, CRISTIAN CLAUDIO
Address 19201 COLLINS AVE.
819
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name PALOMEQUE, IVANA CECILIA
Address 19201 COLLINS AVE.
819
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name PALOMEQUE, JUAN CARLOS
Address 19201 COLLINS AVE.
819
City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARIEL PALOMEQUE

PRESIDENTE

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date